

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213526740</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE COMPANY</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX RD STE 301</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>PA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>7/31/2013</b></p> <p>SCC ID NO: <b>F0020059</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">CLASS</td> <td style="width: 50%; padding: 2px;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: ONE COMMERCE SQUARE 2005 MARKET ST STE 1200</p> <p style="text-align: center;">CITY/ST/ZIP: PHILADELPHIA, PA 19103</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JOHN K SMITH  TITLE: PRESIDENT  ADDRESS: 21 RIVERVIEW DRIVE  CITY/ST/ZIP/CO: WEST TRENTON, NJ 08628 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN K SMITH TITLE: PRESIDENT ADDRESS: 21 RIVERVIEW DRIVE CITY/ST/ZIP/CO: WEST TRENTON, NJ 08628	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN F BOYD DIRECTOR 9 IRONWOOD ROAD MORRISTOWN, NJ 07960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY W CALLAHAN II DIRECTOR 1722 BOW TREE DRIVE WEST CHESTER, PA 19380	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY J DE CARLO DIRECTOR 2119 INVERNESS LANE BERWYN, PA 19312	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE HIRSCHHORN DIRECTOR 906 STRATFORD AVENUE MELROSE PARK, PA 19027	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARVEY E KROIZ DIRECTOR 815 ROSCOMMON ROAD BRYN MAWR, PA 19010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD PETERSON DIRECTOR 311 CAVERSHAM ROAD BRYN MAWR, PA 19010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ HAROLD JAMISON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HAROLD JAMISON, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/7/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			